

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007195

**Entity Name:** THE DRY SLIPS AT OSPREY HARBOR VILLAGE  
CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**570 BLACKBURN POINT ROAD  
OSPREY, FL 34229**Current Mailing Address:**PO BOX 20398  
SARASOTA, FL 34276 US**FEI Number:** 20-5123325**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COASTAL LIVING REAL ESTATE & PROP. MGMT.  
570 BLACKBURN POINT ROAD  
OSPREY, FL 34229 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	VP
Name	SMITH, CHASE
Address	512 CASAS BONITAS CT
City-State-Zip:	NOKOMIS FL 34275

Title	PRESIDENT
Name	NOURIE, BRUCE
Address	6515 MOORINGS PT. CIR. #102
City-State-Zip:	BRADENTON FL 34202

Title	SEC
Name	SANDRIB, NORM
Address	698 CLEAR CREEK DR
City-State-Zip:	OSPREY FL 34229

Title	TREASURER
Name	ANNUNZIATA, RICHARD
Address	3217 BENEVA RD. UNIT #204
City-State-Zip:	SARASOTA FL 34232

Title	SECRETARY
Name	DABASINSKAS, WALTER
Address	15006 SUNDIAL PLACE
City-State-Zip:	LAKEWOOD RANCH FL 34202

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRUCE NOURIE

PRESIDENT

06/25/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date